Long Term Care Integration 2001/2002 Planning Grant Scope of Work Overview of Goals

County	Contact Person	Overview of Goals
Contra Costa	Ruth Goodin, Project Manager (925) 753-1494 rfg3211@aol.com	 Grant money will be used to sub-contract for consultant. Major Goals: Ensure on-going inclusion of local, private, public and consumer participation and input in the LTCI planning process Identify governance structure and LTC agency along with specific roles, responsibilities and staffing. Determine services to be provided by, and funding streams to be integrated into the LTCIPP. Develop structure and protocols for how case (care) management will function within the LTCIPP. Develop procedures for consumer entry and access to the system. Develop system evaluation components. Determine steps necessary for phase-in of full continuum, at-risk
San Diego	Evalyn Greb, Chief, LTCI (858) 495-5428 egrebxsa@co.san-diego.ca.us	 \$47,000 to subcontract for consultant, \$3000 to personnel costs. Major Goals: Identify a service delivery system that most fully allows for the realization and implementation of the LOG's "vision" of acute and LTC integration. a. Establish a health plan workgroup to explore feasibility of service delivery models. Finalize Workgroup recommendations from Planning Phase II based on selection of a service delivery system. a. Develop specific recommendations of governance, case management, quality assurance, and information technology and data/finance for the development of the identified service delivery system. b. Develop a viable stakeholder supported plan to move toward LTCIP, incorporating all stakeholder processes and content to-date.

County	Contact Person	Overview of Goals
Riverside	Michelle Rainer (909) 697-4697 aging.mrainer@co.riverside.ca.us	Grant money will be used for personnel costs, operating expenses, travel, subcontracts and indirect costs. Major Goals: 1. Develop a customer-focused long term care system which delivers appropriate Medi-Cal services in a cost effective manner to the targeted population. a. Continue to convene the work team, task forces, work groups and subcommittees to carry on building consensus of an integrated, capitated system.
		 b. Develop a strategic plan with the following key components: full scope of services; governance and administrative structure; integration of funding streams; technology composition; and fiscal and service accountability systems c. Investigate other models and draft an evaluation tool for services. d. Work with Inland Empire Health Plan and Riverside County Regional Medical Center to explore opportunities for integration and capitation. e. Explore waiver options under 1115, 1915(b), 1915(c), and concurrent 1915(b&c).
		 2. Further understand the target population's utilization of preventative, diagnostic, therapeutic, rehabilitative, supportive, and maintenance services. a. Continue to work with OLTC and the Center for LTCI to obtain Medi-Cal data specific to Riverside County. b. Acquire longitudinal actuarial data for the ABD population, and estimate future utilization and risk corridors. c. Based upon data, determine additional carve-outs.
Santa Cruz	Carmen Robles, Project Manager (831) 454-5494 carmen.robles@health.co.santa- cruz.ca.us	 \$49,000 to personnel costs, \$1,000 to fringe benefits Major Goals: 1. Complete the Financial and Data Analysis and thoroughly understand the feasibility of integration. 2. Finalize the Service Model Design. 3. Build capacity in the current system prior to full-risk capitation. 4. Finalize LTCIPP governance and administrative structures. 5. Finalize development recommendations.